Agency/Organization Name (this is how the name will appear in the annual report):
___________________________________________________________________________________________________
Address, City, State, Zip: ______________________________________________________________________________
Contact Name and Title: __________________________________________________________________________________
Phone Number: __________________________ E-Mail Address: ____________________________________________________
CEO Name: ____________________________________________________________________________________________
Campaign Coordinator: _________________________________________________________________________________
Total Number of Employees: __________ (full time _____) (part time _____)
This is a: ________ final report ________ partial report ________ additional report
Signature of person completing campaign report envelope: ____________________________________________________

**CAMPAIGN REPORT ENVELOPE:** Please do not mail this envelope. Campaign report envelopes are to be given to a loaned executive assigned to your company, to a United Way representative, or brought to the local United Way office (31 East Clay Avenue, downtown Muskegon).

<table>
<thead>
<tr>
<th>#1: PAYROLL DEDUCTION PLEDGES:</th>
<th>Number of Donors</th>
<th>Total Amount Pledged</th>
<th>Cash Included (amount)</th>
<th>Check Included (amount)</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert white copies in envelope. Keep yellow copy for payroll and pink copy for donor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| #2: DIRECT BILL PLEDGES: | |
|------------------------|------------------|----------------------|------------------------|-------------------------|-------------|
| Please include a copy of each pledge form. |

| #3: CHECKS & CASH: | |
|-------------------|------------------|----------------------|------------------------|-------------------------|-------------|
| Please include a copy of each pledge form. Please separate cash and checks. |

| #4: CREDIT OR DEBIT CARD PLEDGES: | |
|-----------------------------------|------------------|----------------------|------------------------|-------------------------|-------------|
| Please include a copy of each pledge form. |

<table>
<thead>
<tr>
<th>#5: SUB-TOTAL:</th>
<th>Add lines 1, 2, 3, 4</th>
</tr>
</thead>
</table>

| #6 CORPORATE CONTRIBUTION | |
|---------------------------|------------------|----------------------|------------------------|-------------------------|-------------|
| Check or cash enclosed | B | One time this year | One time next year | Quarterly |
| Bill Me: | |

| #7: WORKPLACE SPECIAL EVENT | |
|----------------------------|------------------|----------------------|------------------------|-------------------------|-------------|

<table>
<thead>
<tr>
<th>#8: GRAND TOTAL:</th>
<th>Add lines 5, 6, 7</th>
</tr>
</thead>
</table>

Thank you for supporting United Way of the Lakeshore!